

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38637

1. PLACE OF DEATH

County *St. Charles*Registration District No. *757*Township *St. Charles*Primary Registration District No. *3036*City *St. Charles*

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No. *St. Joseph Hospital*

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*married*5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF*Alice Hawkins*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 1st, 1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

*51**6**22*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

Oct. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Felding, Illinois*

13. NAME

*John Shaw*14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Felding, Ill.*

15. MAIDEN NAME

*Lucy Fankle*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Felding, Ill.*17. INFORMANT
(ADDRESS)*John Bure*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Rosedale, Illinois*DATE *Oct. 27, 1937*19. UNDERTAKER
(ADDRESS)*H. J. Schumann - Bure*

20. FILED

10/26

19

Clarence H. Shesler

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-23-37*

, 19

22. I HEREBY CERTIFY, That ~~the deceased~~ deceased from*Held Inquest 10-25-37-*

, 19

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at *11 P.* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Traumatic Shock induced by
Compound Comminuted fractures
of both legs. probable Skull
Fracture.*

Other contributory causes of importance:

*(Deceased was cranking his car
on Highway 61 in Lincoln Co. Mo.)*

Name of operation Date of *no*What test confirmed diagnosis? Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *accident* Date of injury *10-23-37*Where did injury occur? *near Troy Mo.*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

*U.S. Highway 61.*Manner of injury *Cranking his car on highway.*Nature of injury *Caught between two cars.*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John H. Bure(Address) *Coroner, St. Charles Co. Mo.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

